

IM-02-11 (Rev. 6/08) AUTHORITY: P.L. 108-446. COMPLETION: Voluntary. (Consideration for funding will not be possible if form is not filed.)	Michigan Department of Education OFFICE OF EARLY CHILDHOOD EDUCATION AND FAMILY SERVICES P.O. Box 30008, Lansing, Michigan 48909	<i>Direct questions regarding this form to (517) 373-8483.</i>
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COMPETITIVE GRANT APPLICATION FOR 2008-2013 *EARLY ON*[®] QUALITATIVE COMPLIANCE INFORMATION PROJECT

<u>APPLICANT ORGANIZATION</u>	Legal Name of Applicant		Federal ID Number	Telephone (Area Code)
	Address	County(ies)	City	Zip Code

<u>CONTACT PERSON</u>	Name of Contact Person		Telephone (Area Code)	Fax (Area Code)
	Address of Contact Person		City	Zip Code
	E-Mail Address of Contact Person			

FEDERAL *EARLY ON*[®] FUNDS REQUESTED: \$ _____

● **PLEASE PROVIDE THE INFORMATION REQUESTED USING THIS FORM ONLY.**

ASSURANCES AND CERTIFICATIONS: By signing this assurances and certification statement, the applicant certifies that it will agree to perform all actions and support all intentions stated in the Assurances and Certifications on pages 1a and 1b, and will comply with all state and federal regulations and requirements pertaining to this program. The applicant certifies further that the information submitted on this application is true and correct.

SIGNATURE OF AUTHORIZED OFFICIAL: _____ DATE: _____

TYPED NAME/TITLE: _____

MAILING INSTRUCTIONS: The ORIGINAL and SEVEN (7) copies of this application must be RECEIVED at the STATE address indicated above by **FRIDAY, AUGUST 1, 2008** no later than 5:00 p.m. (*Applications should not have bindings.*)

ASSURANCES AND CERTIFICATIONS

--FEDERAL PROGRAMS--

INSTRUCTIONS: Please attach ALL assurances to the application.

CERTIFICATION REGARDING LOBBYING FOR GRANTS AND COOPERATIVE AGREEMENTS

No federal, appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of a federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal grant or cooperative agreement. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL “Disclosure Form to Report Lobbying,” in accordance with its instructions. The undersigned shall require that the language of this certification be included in the awards documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS

The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in this transaction by any federal department or agency. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

ASSURANCE WITH SECTION 511 OF THE U.S. DEPARTMENT OF EDUCATION APPROPRIATION ACT OF 1990

When issuing statements, press releases, requests for proposals, solicitations, and other documents describing this project, the recipient shall state clearly: 1) the dollar amount of federal funds for the project, 2) the percentage of the total cost of the project that will be financed with federal funds, and 3) the percentage and dollar amount of the total cost of the project that will be financed by nongovernmental sources.

ASSURANCE CONCERNING MATERIALS DEVELOPED WITH FUNDS AWARDED UNDER THIS GRANT

The grantee assures that the following statement will be included on any publication or project materials developed with funds awarded under this program, including reports, films, brochures, and flyers: “These materials were developed under a grant awarded by the Michigan Department of Education.”

CERTIFICATION REGARDING NONDISCRIMINATION UNDER FEDERALLY AND STATE ASSISTED PROGRAMS

The applicant hereby agrees that it will comply with all federal and Michigan laws and regulations prohibiting discrimination and, in accordance therewith, no person, on the basis of race, color, religion, national origin or ancestry, age, sex, marital status or handicap, shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program or activity for which it is responsible or for which it receives financial assistance from the U.S. Department of Education or the Michigan Department of Education.

PARTICIPATION OF NONPUBLIC SCHOOLS

The applicant assures that private nonprofit schools have been invited to participate in planning and implementing the activities of this application.

AUDIT REQUIREMENTS

All grant recipients who spend \$500,000 or more in federal funds from one or more sources are required to have an audit performed in compliance with the Single Audit Act (*effective July 1, 2003*).

ASSURANCES AND CERTIFICATIONS (Continued)

--FEDERAL PROGRAMS--

CERTIFICATION REGARDING TITLE II OF THE AMERICANS WITH DISABILITIES ACT (A.D.A.), P.L. 101-336, STATE AND LOCAL GOVERNMENT SERVICES

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title II of the ADA covers programs, activities, and services of public entities. Title II requires that, "No qualified individual with a disability shall, by reason of such disability be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by such entity." In accordance with Title II ADA provisions, the applicant has conducted a review of its employment and program/service delivery processes and has developed solutions to correcting barriers identified in the review.

CERTIFICATION REGARDING TITLE III OF THE AMERICANS WITH DISABILITIES ACT (A.D.A.), P.L. 101-336, PUBLIC ACCOMMODATIONS AND COMMERCIAL FACILITIES

The Americans with Disabilities Act (ADA) provides comprehensive civil rights protections for individuals with disabilities. Title III of the ADA covers public accommodations (private entities that affect commerce, such as museums, libraries, private schools and day care centers) and only addresses existing facilities and readily achievable barrier removal. In accordance with Title III provisions, the applicant has taken the necessary action to ensure that individuals with a disability are provided full and equal access to the goods, services, facilities, privileges, advantages, or accommodations offered by the applicant. In addition, a Title III entity, upon receiving a grant from the Michigan Department of Education, is required to meet the higher standards (i.e., program accessibility standards) as set forth in Title III of the ADA for the program or service for which they receive a grant.

SPECIFIC PROGRAM ASSURANCES

Grantee agrees to comply with all applicable requirements of all state statutes, federal laws, executive orders, regulations, policies and award conditions governing this program. Grantee understands and agrees that if it materially fails to comply with the terms and conditions of the grant award, the Michigan Department of Education may withhold funds otherwise due to the grantee from this grant program, any other federal grant programs or the State School Aid Act of 1979 as amended, until the grantee comes into compliance or matter has been adjudicated and the amount disallowed has been recaptured (forfeited). The Department may withhold up to 100 percent of any payment based on a monitoring finding, audit finding or pending final report.

The following provisions are understood by the recipients of the grants should it be awarded:

1. Grant award is approved and is not assignable to a third party without specific approval.
2. Funds shall be expended in conformity with the budget. Line item changes and other deviations from the budget as attached to this grant agreement must have prior approval from the Early Childhood Administrator of the Michigan Department of Education.
3. The Michigan Department of Education is not liable for any costs incurred by the grantee prior to the issuance of the grant award.
4. Payments made under the provision of this grant are subject to audit by the grantor.

**SIGNATURE OF AUTHORIZED SIGNATORY
(Superintendent or Executive Director)**

DATE

PROJECT ABSTRACT

NAME OF APPLICANT:

PROJECT NAME:

INSTRUCTIONS: The Project Abstract MUST be for the program year and address/include the following categories:

- Program Year (e.g., 2008-2013)
- Description of Project
- Qualifications of Key Personnel
- Applicant's Commitment and Capacity
- **The Project Abstract should be limited to a single page of text.**

DESCRIPTION OF PROJECT: (Also serves as summary.)

QUALIFICATIONS OF KEY PERSONNEL:

APPLICANT'S COMMITMENT AND CAPACITY:

PROJECT IMPLEMENTATION PLAN

INSTRUCTIONS: Complete a separate chart for each program component, as well as key program elements.

Program Component or Element:				
Objective:				
Strategies (Activities & Services)	Evidence-based Research Foundation	Measurement/Documentation of Quality	Timeline (including interim targets)	Monitoring for Continuous Improvement

QUALITY OF PERSONNEL

INSTRUCTIONS: Identify all personnel who will be working with the QCIP program. If person is unknown, list qualifications of the individuals who would be sought for implementation of this project. (Attach resumes of staff on additional pages, if needed. Duplicate this form as needed. Also attach a staff person-by-task chart.) Indicate percent of time funded with the QCIP grant and primary physical work location.

POSITION/TITLE AND NAME	% OF TIME	SKILLS/DEGREE(S)/ CERTIFICATION(S)	ADDRESS OF PHYSICAL LOCATION WHEN WORKING ON PROJECT
Project Director or Administrator			
Professional Personnel			
Technical Personnel			
Other Professional Support Personnel			

BUDGET

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INSTRUCTIONS: The Budget Summary (1) and the Budget Detail (2) must be prepared by or with the cooperation of the Business Office using the School District Accounting Manual (Bulletin 1022).

1. BUDGET SUMMARY

● **CFDA NUMBER: 84.181A**

LEGAL NAME OF APPLICANT					
RECIPIENT CODE	GRANT NUMBER	PROJECT NUMBER	PROJECT TYPE	ENDING DATE (mm/dd/yy)	FY of Approved Activity
	091320		<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Carry-over	09/30/2009	2009

FUNCTION CODE	FUNCTION TITLE	SALARIES (1000)	BENEFITS (2000)	PURCHASED SERVICES (3000, 4000)	SUPPLIES & MATERIALS (5000)	CAPITAL OUTLAY (6000)	OTHER EXPENDITURES (7000, 8000)	TOTAL
110	Instruction --- Basic Needs							
120	Instruction --- Added Needs							
130	Instruction --- Adult/Continuing Education							
210	Pupil Support Services							
220	Instructional Staff Services							
230	General Administration							
240	School Administration							
250	Business Services							
260	Operation and Maintenance							
270	Pupil Transportation Services							
280	Central Support Services							
290	Other Support Services							
300	Community Services							
	SUBTOTALS (Sum of ALL lines above)							
400	Outgoing Transfers & Other Transactions							
999	INDIRECT CHARGES							
	TOTAL EXPENDITURES							A)

2. BUDGET DETAIL-- Explain each line item, including cash and in-kind contribution, that appears on the Budget Summary, using the indicated function code and title, on a blank sheet.	TOTAL AMOUNT REQUESTED		FUNDING: Department of Education Share of Expenditures	B)
	TRANSACTION PURPOSE: <input type="checkbox"/> Original <input type="checkbox"/> Amendment	AMOUNT OF CHANGE (Use minus sign preceding decreases) \$ _____		

DATE	BUSINESS OFFICE REPRESENTATIVE (Type or Print)	SIGNATURE
DATE	PROJECT CONTACT PERSON (Type or Print)	SIGNATURE
DATE	Mischele McManus M.D.E. CONTACT PERSON (Type or Print)	SIGNATURE